

Diocesan PAR (Pre-Authorized Remittance) Program Change of Information

Name:		
Parish/Church:		
Changes effective as of :		
Please indicate the change;		
□ Address	☐ New Bank Account #	☐ Date of Withdrawal
□ Parish	☐ \$ Amount	☐ Credit Card Number or Expiry (please circle)
Information Type	Old	New
Address:		
Parish:		
Bank Account # (if submitting a new bank account number please attach another void cheque)		
\$ Amount		
Date of Withdrawal (1st or 15th)		
Credit Card		
☐ Please cancel my withdrawal		
Sign:		
Date:		

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